December 6, 2021

International Criminal Court
Office of the Prosecutor
Communications
Post Office Box 19519
2500 CM The Hague
The Netherlands
EMAIL: otp.informationdesk@icc-cpi.int

BEFORE THE INTERNATIONAL CRIMINAL COURT
(TREATY OF ROME STATUTE, ART. 15.1 AND 53)

Subject of complaint:
- **Violations of the Nuremberg Code**
- **Violation of Article 6 of the Rome Statute**
- **Violation of Article 7 of the Rome Statute**
- **Violation of Article 8 of the Rome**
- **Violation of Article 8 bis3 of the Rome Statute**

Based on the extensive claims and enclosed documentation, we charge those responsible for numerous violations of the Nuremberg Code, crimes against humanity, war crimes and crimes of aggression in the United Kingdom, but not limited to individuals in these countries.

Perpetrators: Prime Minister for the United Kingdom BORIS JOHNSON, Chief Medical Officer for England and Chief Medical Adviser to the UK Government CHRISTOPHER WHITTY, (former) Secretary of State for Health and Social Care MATTHEW HANCOCK, (current) Secretary of State for Health and Social Care SAJID JAVID, Chief Executive of Medicines and Healthcare products Regulatory Agency (MHRA) JUNE RAINE, Director-General of the World Health Organisation TEDROS ADANHOM GHEBREYESUS, Co-chair of the Bill and Melinda Gates Foundation WILLIAM GATES III and Co-chair of the Bill and Melinda Gates Foundation MELINDA GATES, Chairman and Chief executive officer of Pfizer ALBERT BOURLA, Chief Executive Officer of AstraZeneca STEPHANE BANCEL, Chief Executive Officer of Moderna PASCAL SORIOT, Chief Executive of

Johnson and Johnson ALEX GORSKY, President of the Rockefeller Foundation DR RAJIV SHAH, Director of the National Institute of Allergy and Infectious Disease (NIAID) DR ANTHONY FAUCI, Founder and Executive Chairman of the World Economic Forum KLAUS SCWAB, President of EcoHealth Alliance DR PETER DASZACK

Victim(s): THE PEOPLES OF THE UNITED KINGDOM

Applicants:
Hannah Rose – Lawyer and human rights activist
Dr Mike Yeadon – Qualified life science researcher with a degree in biochemistry in toxicology, and a research-based PhD in respiratory pharmacology, former Vice President and Chief Scientist of allergy and respiratory research at Pfizer
Piers Corbyn – Astrophysicist and activist
Mark Sexton – Retired Police officer
John O'Loony – Funeral Director and activist
Johnny McStay – Activist
Louise Shotbolt – Nurse and human rights activist

Legal representation and election of domicile

The applicants will be represented for the purposes of this procedure by Hannah Rose
Email: hannahroses111@hotmail.com

Consequently, all subsequent correspondence shall be sent only to the email address given above. Any notification within the meaning of the Statute of the Court addressed in this way will be considered valid.

Mr Prosecutor,

1 This communication and complaint is provided to the office of the Prosecutor pursuant to the United Kingdom's accession to the International Criminal Court's Rome Statute deposited with the Secretary-General of the United Nations on October 4, 2000.

2 We have tried to raise this case through the local English police and the English Court system without success, we have been unable to even get the case registered either with the police or with the court after several attempts. The statute for the ICC declares that *"The ICC is intended to complement, not to replace, national criminal systems;* ***it prosecutes cases only when a State is unwilling or unable genuinely to carry out the investigation or prosecution*** **(Article 17(1)(a)). This is such a case which is why we are addressing the ICC directly.**

A. **BACKGROUND**

3 **The Corona virus 'vaccines'**

are an innovative medical treatment, which have only received temporary Authorisation under Regulation 174 of the Human Medicine Regulations Act (2012). The long-term effects and safety of the treatment in recipients are unknown. It is important to note that the Corona Virus 'vaccines' are the world's first introduction to the synthetic m-RNA technology and all previous immunisations worked in a totally different manner, by way of introducing a deactivated or weakened virus to the body to trigger a natural arousal of the immune system against it. As detailed by Dr Mike Yeadon, the risks anticipated by this innovative medical treatment are hereby enclosed as Appendix 1 to this request.

4 All Phase 3 COVID-19 vaccine trials are ongoing and not due to conclude until late 2022/early 2023. The vaccines are, therefore, currently experimental with only limited short-term and no long-term adult safety data available. In addition, they are using a completely new mRNA vaccine technology, which has never previously been approved for use in humans. The mRNA is effectively a pro-drug and it is not known how much spike protein any individual will produce. Potential late-onset effects can take months or years to become apparent. The limited children's trials undertaken to date are totally underpowered to rule out uncommon but severe side effects.

5 The Covid-19 'vaccines' do not meet the requirements to be categorised as vaccines and are in fact gene therapy (Appendix 8). The Merriam-Webster dictionary quietly changed the definition of the term 'vaccine' to include components of the COVID-19 m-RNA injection. The definition of vaccine was specifically changed due to the Covid-19 injection on February 5th 2021. Dr Mike Yeadon, joint applicant on this request, asserts that claims calling the Covid-19 injections a 'vaccine is public manipulation and misrepresentation of clinical

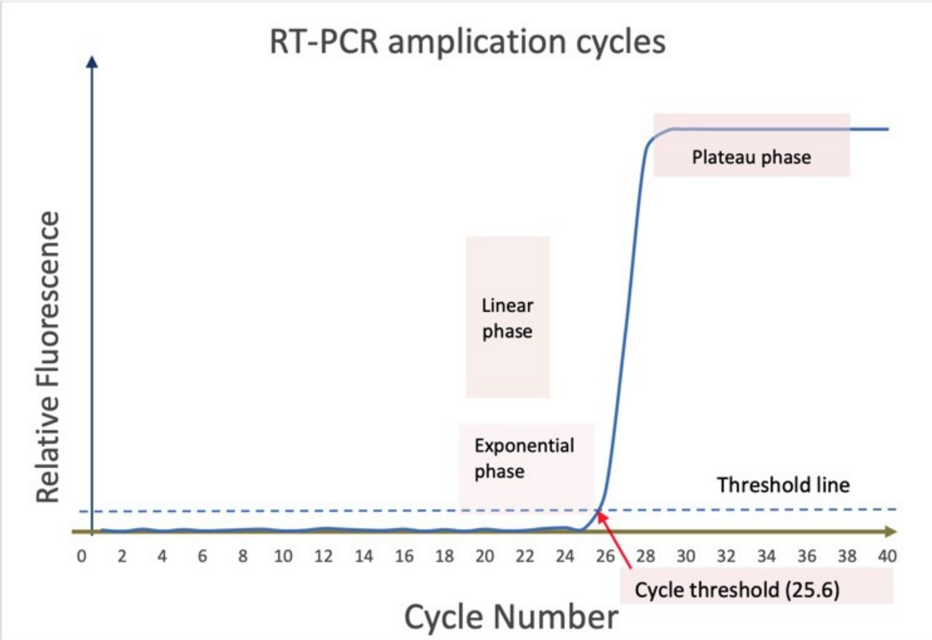
treatment. It’s not a vaccination. It’s not prohibiting infection. It’s not a prohibiting transmission device. It’s a means by which your body is conscripted to make the toxin that then allegedly your body somehow gets used to dealing with it, but unlike a vaccine, which is to trigger the immune response, this is to trigger the creation of the toxin.’ MRNA uses the cell’s machinery to synthesize proteins that are supposed to resemble the SPIKE protein of the virus, which is what it uses to enter cells via the ACE2 receptor. These proteins are then identified by the immune system, which builds antibodies against them. The real concern is that these proteins could accumulate in the body especially in regions of high concentration of ACE2 receptors, such as the gonads. If the immune system then attacks the location where they accumulate, then you could be dealing with an auto-immune condition.

6 **PCR Tests**

A review from the University of Oxford's Centre for Evidence-Based Medicine (Appendix 2) found that the standard PRC test is so sensitive, that it can detect old infections by picking up fragments of dead viral cells. Originally developed to detect the presence of DNA and RNA in biological samples, even its Nobel Prize-winning inventor Kary Mullis declared that PCR was never intended to diagnose a disease. It simply detects the presence of specific genetic material, which may or may not indicate infection. As Dr. Kary Mullis put it, the PCR technique can find almost anything in anybody. The PCR test uses amplification cycles to find viral RNA. The sample is repeatedly chemically amplified to increase the RNA copies until they can be detected. Each “cycle” of amplification doubles the number of molecules in a sample. If you run enough cycles, you can effectively find a single molecule of any substance. Public Health England (PHE) policy confirms that the cycle threshold should be set around 25.6 and if the machine must run more than 25 to 35 cycles (Appendix 2a) to get the sample to the test’s Limit of Detection, there isn’t enough virus in the sample to matter clinically.

Understanding cycle threshold (Ct) in SARS-CoV-2 RT-PCR

Figure 1 demonstrates the stages for RT-PCR post run analysis.



(Appendix 2a)

We have information from freedom of information requests that as many as 40-45 cycles are being carried out (Appendix 3, 3a, 3b, 3c) which is too many because it increases the chance of a positive result even without coronavirus RNA being present in the original sample – hence the 'asymptomatic' individuals. In addition to being completely unreliable the PCR tests also contain carcinogenic ethylene oxide. (Appendix 48)

7 **Covid is a biological weapon - Gain of function research**

Chinese Virologist Li-Meng Yan was among the first researchers to study covid-19 in China after she was enlisted to investigate the origin of the virus by superior Leo Poon. Dr Li-Meng Yan and her team published a report (Appendix 4) claiming that the novel coronavirus was developed "as a laboratory product created by using bat coronaviruses ZC45 and/or ZXC21 as a template and/or backbone." The report states that "ZC45 and ZXC21 were discovered between July 2015 and February 2017 and isolated and characterized by the aforementioned military research laboratories." It also says that when a non-military lab, the Shanghai Public Health Clinical Centre, published a *Nature* article reporting "a conflicting close phylogenetic relationship between SARS-CoV-2 and ZC45/ZXC2 rather than with RaTG13, was quickly shut down for 'rectification.'" The report also accuses several publications of bowing to

political pressure or of experiencing “conflicts of interest” so as not to publish findings that differ from the natural origin theory. “The existing scientific publications supporting a natural origin theory rely heavily on a single piece of evidence – a previously discovered bat coronavirus named RaTG13, which shares a 96% nucleotide sequence identity with SARS-CoV-2,”.

8 The National Institutes of Health (NIH) in the USA has admitted to funding of gain of function research on bat coronaviruses at China’s Wuhan lab – despite Dr Anthony Fauci repeatedly denying this. In a letter to Republican James Comer (Appendix 5), NIH’s principal deputy director A. Tabak, blamed EcoHealth Alliance – that funnelled US funds to the Wuhan lab – for not being transparent about the work it was doing. British scientist Peter Daszak who runs EcoHealth is accused by Tabak of failing to comply with the terms of the grant. As recently as November 2021 Fauci was accused of lying about gain of function research after documents obtained by the intercept (Appendix 6) detailed grants given to EcoHealth Alliance for bat coronavirus studies. The $3.1 million grant was awarded for a five-year period between 2014 and 2019. After the funding was renewed in 2019, it was suspended by the trump administration in April 2020. The grant directed $599,000 to the Wuhan institute of Virology for bat coronavirus research.

9 British Professor Angus Dalgleish and Norwegian scientist Dr. Birger Sørensen, published a report in the *Quarterly Review of Biophysics* (Appendix 7) and claim that the coronavirus's spike protein contains sequences that appear to be artificially inserted. They claim they had 'prima facie evidence of retro-engineering in China' for a year - but were ignored by academics and major journals. Dalgleish is a professor of oncology at St George's University, London, and is best known for his breakthrough creating the first working 'HIV vaccine', to treat diagnosed patients and allow them to go off medication for months. While analysing COVID-19 samples last year in an attempt to create a vaccine, Dalgleish and Sørensen discovered 'unique fingerprints' in the virus that they say could only have arisen from manipulation in a laboratory. They said they tried to publish their findings but were rejected by major scientific journals which were at the time resolute that the virus jumped naturally from bats or other animals to humans. Even when former MI6 chief Sir Richard Dearlove spoke out publicly saying the scientists' theory should be investigated, the idea was dismissed as 'fake news.’

10 **<u>Graphene hydroxide</u>**

Dr Andreas Noack is a German chemist and one of the EU’s top graphene experts, carbon expert and doctored in the field of activated carbon whereby for his doctoral thesis he converted graphene oxide into graphene hydroxide. Professor Dr Pablo Campra comes from the university of Almeria, and alongside Dr Andreas Noack he examined the covid ‘vaccines’ for the presence of graphene oxide with the Micro-Raman Spectroscopy, the study of frequencies. According to both doctors, the vaccines don’t contain graphene oxide but do contain graphene hydroxide. On November 23, 2021, Dr Andreas Noack released a video explaining what graphene hydroxide is and how the nano structures injected into the human body act as ‘razor blades’ inside the veins of ‘vaccine’ recipients. Dr Andreas goes on to explain how due to the nano size of the graphene oxide structures they would not show up on an autopsy as toxicologists can’t imagine that there are structures that can cut up blood vessels causing people to bleed to death on the inside so they would not be looking for them, given their atomic size.

11 On 18th November 2020 Dr Andreas Noack was on a ‘livestream’ on YouTube discussing the dangers of the Covid-19 ‘vaccines’ when he was arrested on camera by armed German police (Appendix 41). On 26th November 2021, just hours after publishing his latest video about graphene oxide and graphene hydroxide (Appendix 42) he was **<u>attacked and murdered.</u>**

12 **We request a full investigation be done into the inclusion of Graphene hydroxide in the Covid-19 ‘vaccines’ and into the assassination of Dr Andreas Noack.**

13 **<u>Inflated Covid figures</u>**

The number of covid-19 cases have been artificially inflated due to the inaccuracy and unreliability of the PCR testing and the number Covid-19 deaths in the UK have been massively artificially inflated due to the fact that a covid death is recorded if an individual died <u>for any reason</u> within 28 days of a positive Covid-19 test (that was confirmed with the inaccurate and unreliable PRC tests). These deaths are being recorded as Covid-19 regardless of whether Covid-19 was the factual cause of death.

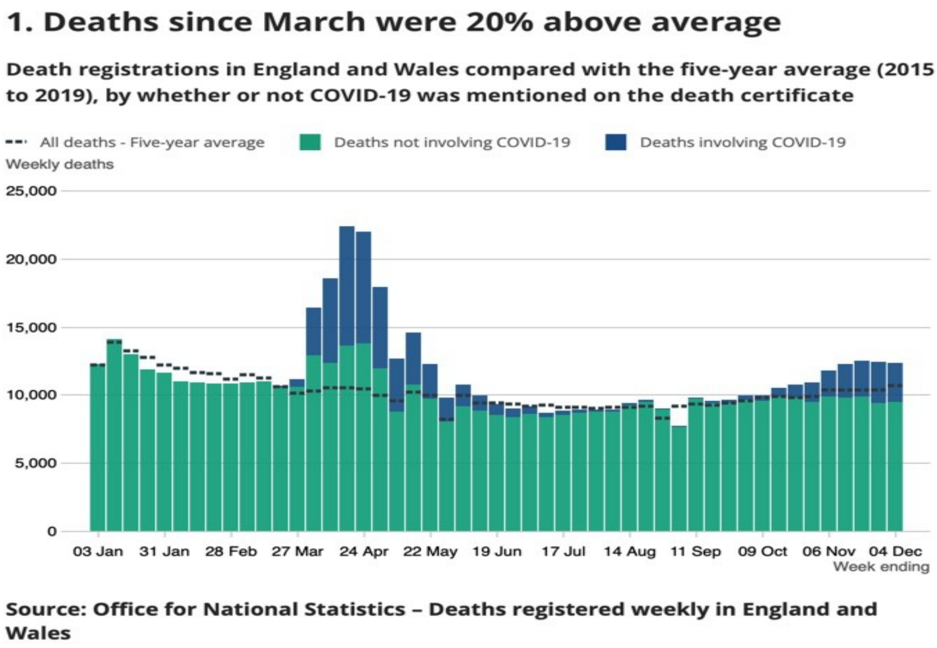
14 A Freedom of Information request (Appendix 43) shows us that between March and June 2020 the total number of Covid-19 related deaths in England and wales with no pre-existing health conditions was 4,476.

Table 6a: Number of deaths involving COVID-19 by main pre-existing condition, sex and age, England and Wales, deaths occurring between March and June 2020

Country	Sex	Age	Main pre-existing condition	Number of deaths
England and Wales	Persons	0-44	No pre-existing condition	101
England and Wales	Persons	45-49	No pre-existing condition	91
England and Wales	Persons	50-54	No pre-existing condition	123
England and Wales	Persons	55-59	No pre-existing condition	227
England and Wales	Persons	60-64	No pre-existing condition	230
England and Wales	Persons	65-69	No pre-existing condition	293
England and Wales	Persons	70-74	No pre-existing condition	407
England and Wales	Persons	75-79	No pre-existing condition	519
England and Wales	Persons	80-84	No pre-existing condition	699
England and Wales	Persons	85-89	No pre-existing condition	802
England and Wales	Persons	90+	No pre-existing condition	984

(Appendix 43)

15 However, the Covid-19 deaths for the same period were recorded at 49,607 (Appendix 44)



(Appendix 44)

16 We submit that a further way that the Covid-19 statistics have been artificially inflated is by the 'rebranding' of the common influenza, pneumonia and other respiratory infections as covid -19. Epidemiologist Knut Wittowski, the former head of biostatistics, epidemiology and research design at Rockefeller University claims '*there may be quite a number of influenza cases included in the 'presumed Covid' category of people who have Covid symptoms (which influenza symptoms can be mistaken for), but are not tested for SARS RNA*'. Those patients he argued, '*also may have some SARS RNA sitting in their nose while being infected with influenza, in which case the influenza would be 'confirmed' to be Covid'*.

17 Data from the ONS (Appendix 45) showed that deaths in 2018 from influenza and pneumonia amounted to 29,516 and in 2019, was 26,398. However, deaths in 2020 for influenza was recorded at just 394 and pneumonia at 13,619 (Appendix 46).

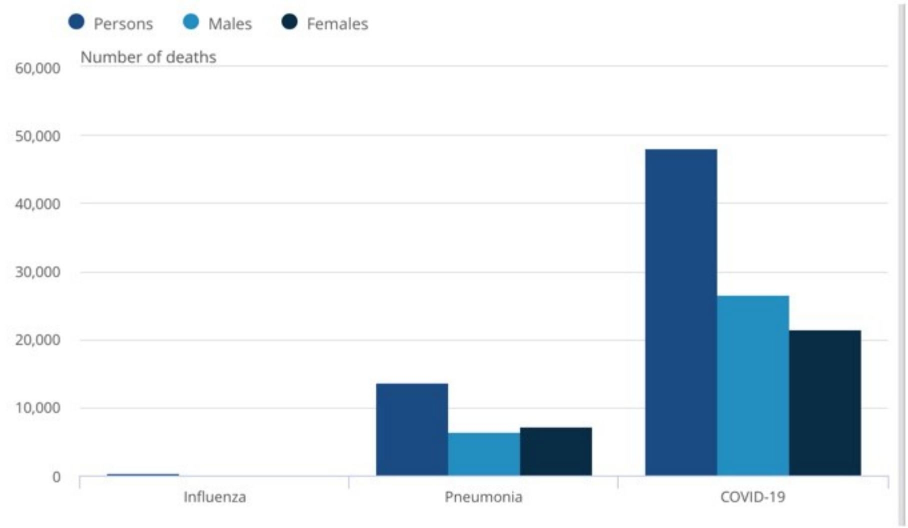
Influenza and Pneumonia

Country	2018	2019
Total mortality	29,516	26,398
England	27,142	24,400
Wales	2,309	1,942
England and Wales	29,451	26,342
Resident outside England and Wales	65	56

(Appendix 45)

Figure 1: There were more deaths due to COVID-19 between January and August 2020 than influenza or pneumonia

Number of deaths due to influenza, pneumonia or COVID-19 by sex, England and Wales, occurring between 1 January and 31 August 2020 and registered by 5 September 2020



Source: Office for National Statistics

(Appendix46)

18 John O'loony, a joint applicant on this request is a funeral director running his own funeral home in Milton Keynes. He has testified (Appendix 47) that as a funeral director he saw *'a massive effort made to deliberately inflate Covid death numbers. Cancer patients and stroke*

victims and even one guy that was run over all ended up with Covid on their death certificate'.

18a We submit that the misrepresentation of covid cases and covid deaths warrants a full investigation by the Court.

19 **<u>Ineffectiveness of masks</u>**

The World Health Organisation (WHO) has admitted that there is no evidence available on the usefulness of masks to protect non-sick individuals (Appendix 9). In addition to hypoxia and hypercapnia, breathing through facemask residues bacterial and germ components on the inner and outside layer of the facemask. These toxic components are repeatedly breathed back into the body, causing self-contamination. Breathing through facemasks also increases temperature and humidity in the space between the mouth and the mask, resulting in a release of toxic particles from the mask's materials. A systematic literature review estimated that aerosol contamination levels of facemasks including 13 to 202,549 different viruses. Rebreathing contaminated air with high bacterial and toxic particle concentrations along with low O2 and high CO2 levels continuously challenge the body homeostasis ,causing self-toxicity and immunosuppression. (Appendix 10)

20 **<u>Alternative treatments</u>**

Dr. Peter McCullough is an internist, cardiologist, and professor of medicine at Texas A and M College of Medicine. He has completed his bachelor's degree at Baylor University and has completed his medical degree as an Alpha Omega Alpha graduate from the University of Texas Southwestern Medical School in Dallas. He also completed his internal medicine residency at the University of Washington in Seattle, his cardiology fellowship – including service as Chief Fellow – at William Beaumont Hospital, and his master's degree in public health at the University of Michigan.

21 **Hydroxychloroquine**

The most widely studied and utilized drug in all of COVID-19. It basically has three mechanisms of action. It reduces the viral entry through endosomes. It helps work as a zinc ionophore. And zinc actually works to impair the RNA-dependent polymerase. And lastly, it's an anti-inflammatory. It changes the overall profile of cells so there's less inflammation.

259 supportive trials, 385,000 individuals and Hydroxychloroquine is like I say, our mainstay in COVID-19 treatment. We have large studies as outpatients demonstrating hazard ratios

here, much less than one, implying a 50% reduction in hospitalization and death from outpatient studies. We have a very large study from Iran where there's been, as you can see here, 28,000 individuals, they treat about 25% of their high-risk patients with a short course of Hydroxychloroquine plus other drugs, 30% reduction in hospitalization and death (Appendix 15)

22 **Ivermectin**

Another drug that impairs viral entry to the nucleus also has some properties against the spike protein. We have 60 trials with Ivermectin, a much smaller amount of information than Hydroxychloroquine, but that's still substantial. And here, Ivermectin has favourable hazard ratios for both inpatient and outpatient use, about a 70% reduction in mortality. (Appendix 16)

23 **Favipiravir**

Available in five countries overall, it's like **oral Remdesivir**. Remdesivir is currently approved in Japan as a treatment for patients infected with SARS-CoV-2, the virus that causes COVID-19. Outside of Japan, Remdesivir is an investigational, unapproved drug.

A report in the New England Journal of Medicine in May concludes that the broad spectrum antiviral medication developed by the biopharmaceutical company Gilead Sciences was superior to placebo in shortening the time to recovery in adults hospitalized with COVID-19 and who had evidence of lower respiratory tract infection (Appendix 17).

24 **Corticosteroids**

This is a mainstay of inpatient treatment. A meta-analysis suggests a 30% reduction in mortality. Inhaled Budesonide, known in the United States as Pulmicort, a randomized trial called the Stoic Trial. There was an 87% reduction in hospitalizations with inhaled Budesonide. So we have positive data for both oral and inhaled steroids (Appendix 18).

25 **Colchicine (off label)**

Colchicine is an anti-inflammatory drug. The largest, highest quality, randomized prospective double-blind placebo-controlled trial. This was coordinated at Montreal Heart Institute. Over 4,000 outpatients with symptomatic COVID-19, and among those who were confirmed positive, a 25% reduction in hospitalization and death (Appendix 19)

26 **Clade x and Event 201 Scenario**

In May, 2018, the WEF partnered with Johns Hopkins to simulate a fictitious pandemic dubbed ‘Clade X’ (Appendix 12) to see how prepared the world be if ever faced with a catastrophic pandemic. A little over a year later, the WEF once again teamed-up with Johns Hopkins, along with the **Bill and Melinda Gates Foundation**, to stage another pandemic exercise called ‘Event 201’ in October, 2019 (Appendix 13). Both simulations concluded that the world wasn’t prepared for a global pandemic. A few short months following the conclusion of Event 201, **which specifically simulated a coronavirus outbreak**, the World Health Organization (WHO) officially declared that the coronavirus had reached pandemic status on March 11, 2020.

27 “*The next severe pandemic will not only cause great illness and loss of life but could also trigger major cascading economic and societal consequences that could contribute greatly to global impact and suffering*” — Event 201 pandemic simulation (October, 2019)

27a Since then, just about every scenario covered in the Clade X and Event 201 simulations has come into play, including:

- Governments implementing lockdowns worldwide
- The collapse of many industries
- Growing mistrust between governments and citizens
- A greater adoption of biometric surveillance technologies
- Social media censorship in the name of combating misinformation
- The desire to flood communication channels with “authoritative” sources
- A global lack of personal protective equipment
- The breakdown of international supply chains
- Mass unemployment
- Rioting in the streets

28 After the nightmare scenarios had fully materialized by mid-2020, the WEF founder declared “*now is the time for a great reset*” in June 2021.

29 **We submit that it is highly unlikely, to the point that it is <u>unbelievable</u>, that this is purely excellent forecasting, planning, and modelling on the part of the WEF and partners that Clade X and Event 201 turned out to be so prophetic.**

30 **<u>Agenda 21/30 and the Great Reset Agenda</u>**

"*The pandemic represents a rare but narrow window of opportunity to reflect, reimagine, and reset our world to create a healthier, more equitable, and more prosperous future"* — Klaus Schwab, World Economic Forum

31 The so-called "great reset" promises to build *'a more secure, more equal, and more stable world*" if everyone on the planet agrees to "*act jointly and swiftly to revamp all aspects of our societies and economies, from education to social contracts and working conditions.*" (Appendix 11) But it wouldn't have been possible to contemplate materializing such an all-encompassing plan for a new world order without a global crisis, be it manufactured or of unfortunate happenstance, that shocked society to its core.

32 Together, the Johns Hopkins Centre for Health Security, the World Economic Forum, and the Bill and Melinda Gates Foundation submitted seven recommendations for governments, international organizations, and global business to follow in the event of a pandemic (Appendix 14). The Event 201 recommendations call for greater collaboration between the public and private sectors while emphasizing the importance of establishing partnerships with un-elected, global institutions such as the WHO, the World Bank, the International Monetary Fund, and the International Air Transport Organization, to carry out a centralized response. One of the recommendations calls for governments to partner with social media companies and news organization to censor content and control the flow of information.

33 According to the report,

"Governments will need to partner with traditional and social media companies to research and develop nimble approaches to countering misinformation. National public health agencies should work in close collaboration with WHO to create the capability to rapidly develop and release consistent health messages. For their part, media companies should commit to ensuring that ***authoritative messages are prioritized and that false messages are suppressed*** *including though [sic] the use of technology."*

34 **Censorship**

Throughout 2020, Twitter, Facebook, and YouTube have been censoring, suppressing, and flagging any coronavirus-related information that goes against World Health Organisation (WHO) recommendations as a matter of policy, just as Event 201 had recommended. Big tech companies have also deployed the same content suppression tactics during the 2020 US presidential elections — attaching "disputed" claims on content that question election integrity. The UK government and governments around the world are using the 'pandemic' to crack down on free expression and access to information. From the onset of Covid-19, political considerations have clashed with concerns about public health and free expression. Authorities have blocked legitimate websites and ordered the removal of unwanted content. Officials have reinforced these controls by criminalising more categories of online expression and arresting journalists, activists, and members for public speaking about the government's performance. To suppress unfavourable health statistics, critical reporting and other COVID-19 content the UK government has blocked websites or forced users, social media platforms, or online outlets to delete information. There has been an unprecedented assault on the freedom of doctors to care for their patients, and Dr Robert Malone, the **INVENTOR** of the RNA vaccines has been de-platformed on all social media for speaking out against the covid injections. Some academic journals are blocking the publication of studies showing the effectiveness of drugs such as Ivermectin and hydroxychloroquine. Smear campaigns are being waged against any doctors and scientists who challenge the WHO narrative on Covid-19 and the Covid-19 'vaccines'. We are in a situation where governments and global NGO's have seized control of the medical profession.

Parallels to 1930's Germany

34a There are several survivors of the German Holocaust drawing stark parallels between Covid restrictions and the beginning of the Holocaust. An open letter sent to; the European Medical Agency (EMA), The Medicines and Healthcare Products Regulatory Agency (MHRA), U.K, The Australian Health Regulation Agency, (AHPRA), Therapeutic Goods Administration (TGA), Australia, Medsafe, New Zealand and the Federation of Medical Regulatory Authorities (FMRAC), Canada (Appendix 50) states,

"We, the survivors of the atrocities committed against humanity during the Second World War, feel bound to follow our conscience. … Another holocaust of greater magnitude is taking place before our eyes. We call upon you to stop this ungodly medical experiment on

*humankind immediately. It is a medical experiment to which the Nuremberg Code must be applied." (**Rabbi Hillel Handler, Hagar Schafrir, Sorin Shapira, Mascha Orel, Morry Krispijn et al)***

34b During an interview with Dr Reiner Fuellmich, (Appendix 51) Holocaust survivor Vera Sharav draws on her experience during Nazi Germany to form her perspective on what is happening in the world today. During the interview she goes on to say:

34c *"Under the Nazi Regime, moral norms were systematically obliterated. The medical profession and institutions were radically transformed, academic science, the military, industry and clinical medicine were tightly interwoven, as they are NOW. The Nazi system destroyed a social conscience in the name of Public Health. Violations against individuals and classes of human beings were institutionalised. Eugenics driven public health policies replaced the Physician's focus on the good of the individual. [The] German medical profession and institutions were perverted. Coercive public health policies violated individual civil and human rights. Criminal methods were used to enforce policy. Nazi Propaganda used fear of infectious epidemics to demonise Jews as spreaders of disease, as a menace to public health…. Fear and propaganda were the psychological weapons the Nazis used to impose a genocidal regime* and *today, some are beginning to understand why the German people didn't rise up, fear kept them from doing the right thing. Medical mandates are a major step backwards towards a fascist dictatorship and genocide. Government dictates, medical intervention, these undermine our dignity as well as our FREEDOM….The stark lesson of the Holocaust is that whenever doctors join forces with government and deviate from their personal, professional, clinical commitment to do no harm to the individual, medicine can then be perverted from a healing, humanitarian profession to a murderous apparatus… What sets the Holocaust apart from all other mass genocides is the pivotal role played by the medical establishment, the entire medical establishment. Every step of the murderous process was endorsed by the academic, professional medical establishment. Medical doctors and prestigious medical societies and institutions lent the veneer of legitimacy to infanticide, mass murder of civilians. T4 was the first industrialised medical murder project in history. The first victims were disabled German infants and children under 3…. The next victims were the mentally ill, followed by the elderly in nursing homes. The murderous operations were methodical, and followed protocol very, very carefully. "*

B. **<u>THE NUREMBERG CODE -</u>**

35 a medical code of ethics based on the laws under which the Nazi criminals were judged in *U.S.A. vs. Karl Brandt, et al*. (Nuremberg physicians' trial), for their role in conducting horrific medical experiments during the Second World War. The Nuremberg Code later constituted the basis for the Helsinki Declaration 1965 which binds the World Medical Association and practicing physicians to '*act in the [individual] patient's best interest when providing medical care*'.

36 Article 21 of the Rome Statute sets out the legal sources upon which the ICC may draw. The statute defines three primary sources of international law; international treaties, international custom, and general principles of law recognised by civilized nations. It is recognised that the three sources are of equal value and that there is no hierarchy among them. According to the Statute, subsidiary means for determining the rules of law are judicial decisions and academic writings. Besides these enumerated sources, international legal rules can also be created by unilateral acts, such as declaration or a reservation (Shabas William, *An Introduction to the International Criminal Court*, 155, (2017))

36a We submit to the Court that the Nuremberg Code qualifies as a source of international law by way of Article 21(1)(b) of the Rome Statute. Article 21(3) states that the application and interpretation of law 'must be consistent with internationally recognised human rights'. We submit that that 'Physician's trial case' established a precedent that must be drawn upon for the purpose of this request and we submit for consideration the notion that the Nuremberg code qualifies as a source of international law under the jus cogens principle.

37 The elements of customary (jus cogens) international law include:

- the widespread repetition by States of similar international acts over time (State practice);
- the requirement that the acts must occur out of a sense of obligation (opinio juris); and
- that the acts are taken by a significant number of States and not rejected by a significant number of States.

38 In 1950, the International Law Commission listed as evidence of customary international law: treaties, decisions of national courts and <u>international tribunals</u>, national legislation,

diplomatic correspondence, opinions of national legal advisors, and the practice of international organizations ("Report of the International Law Commission to the General Assembly (Part II): Ways and Means of Making the Evidence of Customary International Law More Readily Available," [1950] 2 *Y.B. Int'l L. Comm'n* 367, ILC Doc. A/1316).

39 i. **Practice requirement –** We submit that this requirement is satisfied by way of the pharmaceutical manufacturers operating internationally and the Nuremberg code for medical practice being extended into general codes of medical ethics by both States, Global NGO's and to which all physicians and pharmaceutical companies are bound. The Nuremberg Code has not been officially adopted in its entirety as law by any nation, nonetheless, its basic requirement of informed consent, has been universally accepted and is articulated in international law in Article 7 of the United Nations International Covenant on Civil and Political Rights (1966). Informed consent, with specific reliance on the Nuremberg Code, is also the basis of the International Ethical Guidelines for Biomedical Research Involving Human Subjects, the most recent guidelines promulgated by the World Health Organization and the Council for International Organizations of Medical Sciences (1993).

40 ii. **Opinio Juris sive necessitatis requirement –** We submit that the worldwide recognition, acceptance, adoption, and practice of the ethical standards of the Nuremberg Code through general codes of medical ethics amounts to an obligation on physicians and pharmaceutical manufacturers to abide by the principles. Any physician or research scientist found to have breached any of the 10 principles of the Nuremberg code would face criminal liability, therefore we submit that the opinion juris requirement is satisfied qualifying the Nuremberg Code as a source of international law under the Jus cogens customary norm principle.

41 It is our intention to present to you, and detail how, in the United Kingdom this year, the Government of the United Kingdom, with its Ministers and senior officials have violated the Nuremberg Code not only in a single aspect but in many aspects.

42 a) **Informed consent to participate in a medical experiment**

The first principle of the Nuremberg Code **is a willingness and informed consent by the person** to receive treatment and participate in an experiment. The person is supposed to

activate freedom of choice without the intervention, either through force, deceit, fraud, threat, solicitation, or any other type of binding or coercion.

43 When the heads of the Ministry of Health as well as the Prime Minister presented the vaccine in the United Kingdom and began the vaccination of United Kingdom residents, the vaccinated were not advised, that in practice, they would be taking part in a **medical experiment** and that their consent is required under the Nuremberg Code. This as a matter of fact is a **genetic medical experiment** on human beings performed without informed consent under a severe and blatant offense of the Nuremberg Code.

44 b) **Alternative treatments**

– On the subject of informed consent for medical treatment, and based on the Nuremberg Code principles, an obligation exists to detail and suggest to a patient several treatment alternatives, detailing the medical process (and all that is included in it) as well as the advantages and disadvantages/ benefits and risks, existing in every treatment, to enable him to **make an intelligent personal decision** regarding the treatment he prefers. As stated, this choice must be made freely by the individual.

45 Despite all of the above-stated, the Government of the United Kingdom and the Ministry of Health continue to fail to present the citizens of the United Kingdom with the currently existing alternatives for treating Covid 19. Alternative treatments that have now been proven to be both extremely safe and extremely efficacious in the treatment of Covid 19 with up to a 100% success rate with alternative treatments mentioned above. The government of the United Kingdom continue to solicit their citizens, pressuring and manipulating them in blatant violation of the informed consent process, intentionally concealing information regarding the vaccinations and creating an atmosphere of fear and coercion.

c) **The experiment will be conducted to prevent suffering or physical injury.**

46 It is known that the m-RNA ‘vaccination’ treatments have caused the death of many as well as injury and severe damage (including disablement and paralysis) after the ‘vaccine’ was administered. Despite this fact, the government did not instruct the initiation of an investigation into the matter. It is also questionable that given the experimental nature of these vaccinations, that there are not any full reports available of the numbers of dead or

injured, as may be expected in such a medical process for the benefit of the public participating in the experiment.

d) **The experiment must not be conducted when there is reason to assume that death or real injury will occur.**

47 **-** Regarding the violation of this principle, as stated above, the data on cases of death from the treatment is suppressed and we the citizens hear only by word of mouth and on social networks (friends, neighbours or relatives) not from the state media.

e) **The individual in charge of the experiment must be prepared to terminate the experiment at any stage, if he has probable cause to believe it will cause injury, disability or death of the experiment participant.**

48 - It has already been proven that many have died from the m-RNA treatments, were injured or became disabled; however the Government of the United Kingdom continues to compel this dangerous experiment on its citizens.

C. THE ROME STATUTE

49 It is our further intention to present to you, and detail how, in the United Kingdom this year, the Government of the United Kingdom, with its Ministers and senior officials have violated the Rome Statute of the International Criminal Court not only in a single aspect but in many aspects.

ARTICLE 6 – Genocide

50 Pursuant to the Rome Statute's Article 6, - "*genocide*" means any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial, or religious group, as such:

(a) Killing members of these groups:

51 - the group in this case is in principle "the entire population of the United Kingdom" (and the world) starting with the elderly, chronically ill and disabled.

(b) Causing serious bodily harm or mental harm to members of the group:

52 - Proven long-term effects 8 months after first being infected by the virus (appendix 20

53 - Massive short-term damage and death from the 'vaccines'. As of 24th November 2021, for the UK 136,582 yellow cards have been reported for the Pfizer 'vaccine', 238,086 have been reported for the AstraZeneca, 19,101 for the Moderna and 1,280 have been reported where the brand was not specified. That is a total of 395,049 reported adverse reactions in the UK alone that were serious enough to warrant being reported to the Yellow Card reporting system (Appendix 20)

54 - Expected long term effects as above in the vaccinated

55 - Statistical evidence suggests massive increase in deaths after 'vaccination' (Appendix 21)

56 - Immeasurable mental harm caused by 24/7 psychological warfare propaganda, false positive PCR tests, lack of medical care and mass vaccinations.

57 - Increase in alcoholics relapsing, eating disorders relapsing and not being managed in the community due to lockdowns.

58 - The number of vulnerable children calling ChildLine was up 37% over lockdowns (Appendix 22)

(c) Deliberately inflicting on the group conditions of life, calculated to bring about its physical destruction in whole or in part:

59 - Destruction of wealth and businesses by the imposed lockdowns (Appendix 23)

60 - Inflicting damage on the immune systems of all those who either got ill from the virus and/or received the m-RNA 'vaccine', the mask mandates and mandatory test regimes

61 Statistics prove that those who received a covid-'vaccine' are at greater risk of getting seriously ill, and even family members of the vaccinated are become ill and in some cases dying. This is an extremely alarming signal of what the future holds. (Appendix 24)

(d) Imposing measures intended to prevent births within the group:

62 - Proven increase in spontaneous abortion after a Covid m-RNA ‘vaccination. A recent study in the New England Medical Journal showed 8 in 10 women had a miscarriage after taking a Covid ‘vaccine’ before the third trimester (Appendix 25)

63 - Expected reduction in fertility after a Covid-‘vaccination’ due to the deliberate change in DNA sequencing from the m-RNA (Appendix 26)

<u>ARTICLE 7 – Crimes against humanity</u>

64 Pursuant to the Rome Statute’s Article 7 – *Crimes against humanity,* means any of the following acts when committed as part of a widespread or systematic attack directed against any civilian population, with knowledge of the attack:

(a) Murder:

65 - Statistics from the Office for National Statistics (ONS) shown below (also Appendix 27) have recorded between January 2nd 2021 and July 2nd 202l, 18,653 deaths within 21 days of the first dose of a Covid Vaccine – 4,388 (30%) of those involving the Covid-19 virus. 73,822 deaths 21 days or more after the first dose – 7,289 (11%) of those involved the Covid-19 Virus. 11,652 deaths within 21 days of a second dose – 182 (1.5%) involved the Covid-19 virus and 57,721 deaths 21 days or more after second dose – 458 (0.8%).

Table 1: There were 640 deaths involving COVID-19 of people who had received both vaccination doses

Count of deaths involving COVID-19 and percentage of all deaths by vaccination status, England, deaths occurring between 2 January and 2 July 2021

Vaccination status	Deaths involving COVID-19	Non-COVID-19 deaths	COVID-19 deaths as percent of all deaths
All deaths regardless of vaccination status	51,281	214,701	19.3
Unvaccinated	38,964	65,170	37.4
Deaths within 21 days of first dose	4,388	14,265	23.5
Deaths 21 days or more after first dose	7,289	66,533	9.9
Deaths within 21 days of second dose	182	11,470	1.6
Deaths 21 days or more after second dose	458	57,263	0.8

Source: Office for National Statistics – National Immunisation Management Service, NHS Test and Trace

66 Further data from the ONS shown in the tables below (also Appendix 28) demonstrates, that there was a 23% increase in the deaths registered in January 2021 compared with January 2020. Similarly with February 2021 compared with February 2020 there was increase in overall deaths of 26%. We know that the Covid 19 'vaccines' were rolled out in the UK in December of 2020 and anyone who was genuinely willing to take the 'vaccines' freely and without political pressure or coercion was going to do so within the first few weeks of the rollout, this staggering increase in death within the first 8 weeks of the introduction of the experimental vaccines is alarming to say the least and warrants a full investigation by the court.

Monthly figures on deaths registered by area of usual residence, 2020 — England and Wales

Area of usual residence		Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
K04000001, J99000001	ENGLAND, WALES AND ELSEWHERE [1]	56,704	43,650	49,723	88,141	52,363	42,614	40,778	37,184	42,494	46,282	51,317	56,672
K04000001	ENGLAND AND WALES	56,595	43,552	49,643	88,038	52,305	42,573	40,729	37,130	42,428	46,242	51,263	56,601
E92000001	ENGLAND	53,043	40,803	46,510	83,494	49,405	39,881	38,182	34,752	39,818	43,250	47,902	52,660
E12000001	NORTH EAST	2,892	2,250	2,497	4,352	3,052	2,249	2,216	1,948	2,257	2,551	2,876	3,088

Monthly provisional figures on deaths registered by area of usual residence, 2021 [1,2,3,4]

Footnotes — England and Wales

Area of usual residence		Jan-21[2]	Feb-21[2]	Mar-21[2]	Apr-21[2]	May-21[2]	Jun-21[2]	Jul-21[2]	Aug-21[2]	Sep-21[2]	Oct-21[2]	Nov-21[2]	Dec-21[2]
K04000001, J99000001	ENGLAND, WALES AND ELSEWHERE [1]	73,315	58,767	48,624	41,513	37,864	41,223	43,264	43,151	47,520	46,511		
K04000001	ENGLAND AND WALES	73,227	58,688	48,551	41,461	37,817	41,171	43,205	43,074	47,438	46,428		
E92000001	ENGLAND	68,796	55,489	45,567	38,899	35,401	38,611	40,467	40,460	44,474	43,435		
E12000001	NORTH EAST	3,244	2,793	2,522	2,188	2,057	2,223	2,327	2,400	2,498	2,461		

67 The protocol in the UK for an individual who tests positive for Covid-19 has been to self-isolate and stay home until you absolutely can't breathe at which point you go to the hospital to be put on a ventilator and in most cases die. A study (Appendix 29) of 1023 covid-19 patients on ventilators found that 42% of them died and 57% survived. We submit that the suppression of safe and effective alternative treatments for Covid-19 amounts to murder and warrants a full investigation by the court.

68 Data taken from the ONS below shows that during April 2020 there were 26,541 deaths that occurred in care homes, an increase of 17,850 on the five-year average. (Appendix 52)

69 The Liverpool Care Pathway was abandoned in 2014 after being deemed inhumane, but evidence suggests it was brought back at the start of the pandemic in early 2020 and is being implemented in care homes across the UK. In a House of commons document, Matt Hancock and Conservative MP Dr Luke Evans discuss the use of medications to give Covid patients a 'good death' (euthanasia).

HOUSE OF COMMONS

Q377 **Dr Evans:** A good death needs three things: equipment, medication and the staff to administer it. On equipment, do you have enough syringe drivers in the NHS to deliver medications to keep people comfortable when they are passing away?

Matt Hancock: Yes, we have. A challenge was raised on that about eight days ago—it was not as big a challenge as was made public, and we have resolved it. Yes; right now we have enough.

Q378 **Dr Evans:** The syringe drivers are used to deliver medications such as midazolam and morphine. Do you have any precautions in place to ensure that we have enough of those medications?

Matt Hancock: Yes. We have a big project to make sure that the global supply chains for those sorts of medications, as well as the ITU medications that I spoke about earlier, are clear. In fact, those medicines are made in a relatively small number of factories around the world, so it is a delicate supply chain and we are in contact with the whole supply chain.

(Appendix 30)

70 In March 202 Hancock ordered two years' worth of a sedative called **Midazolam** from a French supplier (Appendix 31). At the time the order was made it was claimed that Midazolam was for the treatment of covid 19 patients – Midazolam suppresses the respiratory system – Covid-19 is a respiratory disease. We request the court carry out a full investigation into why the UK government would purchase two years' worth of Midazolam, a drug associated with respiratory suppression and respiratory arrest, to treat a disease that causes respiratory suppression and respiratory arrest.

> **WARNINGS**
>
> Personnel and Equipment for Monitoring and Resuscitation
>
> *Adults and Pediatrics:* Intravenous midazolam hydrochloride has been associated with respiratory depression and respiratory arrest, especially when used for sedation in noncritical care settings. In some cases, where this was not recognized promptly and treated effectively, death or hypoxic encephalopathy has resulted. Intravenous midazolam hydrochloride should be used only in hospital or ambulatory care settings, including physicians' and dental offices, that provide for continuous monitoring of respiratory and cardiac function, e.g., pulse oximetry. Immediate availability of resuscitative drugs and age- and size-appropriate equipment for bag/valve/mask ventilation and intubation, and personnel trained in their use and skilled in airway management should be assured (see WARNINGS). For deeply sedated pediatric patients, a dedicated individual, other than the practitioner performing the procedure, should monitor the patient throughout the procedure.

(Appendix 32)

71 The document (Appendix 32) also provides a table confirming dosage of Midazolam for the elderly or unwell should be no more than 0.5mg-1mg, side effects include cardiorespiratory depression and the drug should be used with caution in those suffering respiratory disease.

Table of Preferred Drugs - list including safe dosages

Sedative	Dose	Onset	Side effects	Cautions
Midazolam	Healthy adult: 1-2mg bolus. Titrate further small boluses with at least 2 minutes between doses. Usually max 5mg required. Elderly or unwell: 0.5-1mg bolus. Titrate further small boluses with at least 2 minutes between doses. Often no more than 2 mg required.	3-5 minutes for peak effect. Half life 1.5-3.5 hours.	CARDIORESPIRATORY DEPRESSION especially associated with opioids. Gastro-intestinal disturbances, anaphylaxis, drowsiness, confusion, ataxia, amnesia, headache, paradoxical excitement and aggression (especially in children and elderly), dysarthria; injection-site reactions. For complete list see BNF	Cardiac disease; hepatic impairment; renal impairment; (increases plasma half life x2-2.5) respiratory disease; myasthenia gravis; history of drug or alcohol abuse; risk of severe hypotension in hypovolaemia, vasoconstriction, hypothermia; pregnancy and breast-feeding

72 A document produced by the NHS (Appendix 33) states that Midalozam should be used for comfort at the end of life care due to Covid-19 to ease fear, anxiety and agitation. The document states that Midazolam should be used for sedation prior to the patient requiring mechanical ventilation. The same document also provides confirmation that Midazolam has the potential to impair the respiration system, particularly in the presence of disease or old age and clearly states that dosage should be kept to a minimum and should be within the manufacturers guidelines.

University Hospitals Birmingham NHS
NHS Foundation Trust

Benzodiazepines = FIRST LINE for anxiety, fear and agitation

Midazolam – suggest start with **low doses** for patients naïve to this drug but be prepared, if response is poor or short lived and anxiety is severe, to **escalate dosing sharply if required**.

- **Generally**: Start with 2.5 mg SC or IV
- If patient **is particularly frail**: use 1.25mg
- If **extremely distressed** or show **tolerance** to this group of drugs: may require higher doses e.g. 5 -10 mg

If ward areas **cannot access midazolam** then lorazepam can be used as a substitute – generally **2.5 mg of midazolam can be regarded as 'equivalent' to 500 mcg of injectable lorazepam**.
Seek advice.

For patients not responding to midazolam – this might be because doses have been too low or not frequent enough. Some patients might need much higher doses than normal. **Seek advice** if needed.

73 We submit that creating policy for treating patient allegedly suffering anxiety due to Covid-19 with a starting dose of 2.5mg of Midazolam when the recommended dose for elderly and/or frail patients is 0.25mg amounts to unlawful euthanasia and murder and warrants a full investigation by the court.

74 Additionally, a large number of vaccinated people are getting seriously ill and are at risk of dying from an immune system failure, antibody dependent enhancement, in the near future (Appendix 34)

(b) Extermination:

75 There is good reason to assume that a large percentage of the UK population (and world population) is now at risk of either serious illness or death due to the recent mRNA 'vaccines'. Animal studies conducted in 2012-2013 (Appendix 35 and 36) to test mRNA vaccines found most animals died within 2 weeks of receiving the treatment, this is equivalent to 1.5 years for humans. The vaccinated have been exposed to the very same 'man-made spike protein' as the virus. Both the virus and the vaccines have been proven to be able to change human DNA (Appendix 37). The immune system is unlikely to ever return to what it was after receiving a covid 'vaccination'. Several high-level immunologists and vaccine designers including joint applicant on this request Dr Mike Yeadon, have warned, in the worst possible scenario, most of the human race who have received these m-RNA treatments will perish.

(e) Imprisonment or other severe deprivation of physical liberty in violation of fundamental rules of international law:

76 - Ban on freedom of travel both national and international

77 - Forced lockdown and economic warfare – especially on small business owners – forcing people to be dependent on the State for survival

78 - Forced quarantine in hotels for both healthy and false positive PCR tests and rapid flow tests returning from international travel.

79 - Forced ‘self -isolation’ at the demand of NHS Track and Trace app

80 - Severe deprivation of physical liberties on travel, visiting friends, arranging parties, taking part in cultural and sports activities, religious congregations

(f) Torture:

81 - Psychological terror and warfare (mental torture) is being administered by the Government, State Media and main-stream media along with Social Media platforms such as Facebook, Twitter, YouTube and Google.

(g) Rape, sexual slavery, enforced prostitution, forced pregnancies, enforced sterilisations, or any other form of sexual violence of comparable gravity:

82 - One effect of the ‘vaccines’ suggested by a number of medical doctors and scientists is ‘enforced sterilisations’ with a number of spontaneous abortions/ miscarriages reported by pregnant women who received a covid ‘vaccine’ (Appendix 38, 39)

(h) Persecution against any identifiable group or collectively on political, racial, national, ethnic, cultural, religious, gender as defined in paragraph 3, or other grounds that are universally recognised as impermissible under international law, in connection with any act referred to in this paragraph or any crime within the jurisdiction of the Court:

83 - Persecution against the unvaccinated, loss of jobs, refusal to public events

84 - Persecution against all religious groups being hindered to attend places of worship

(j) Apartheid:

85 - The real effect of the new ‘vaccine passport’ will introduce a new form of medical apartheid, for the benefit of pressuring people to get vaccinated and to deprive those who are not vaccinated of the right to travel, work and participate in society as normal.

(k) Other inhumane acts of a similar character intentionally causing great suffering or serious injury to the body or to mental or physical health:

86 - Social distancing measures, mask mandates, fear mongering, vaccination pressure as well as the ‘vaccines’ themselves are all reasons for serious injury to the body, mind and soul.

ARTICLE 8 – War crimes

87 **Contextual element of a war crime -** We submit to you that a covert war has been waged against the people of the United Kingdom (and the world) through the release of the biological weapon SARS-Cov-2 and the additional bioweapon, m-RNA gene therapy ‘vaccines’. We submit that the people of the United Kingdom (and the world) are under systemic attack from those who released the beforementioned biological weapons and by those individuals within the UK Government and international leaders against which we have brought this request, who seek to serve the same agenda. We therefore submit that the contextual element of a war crime has been met and the alleged crimes took place in the context of an international and non-international armed conflict.

88 **Mens Rea element:** We further submit that the members of the UK government and world international leaders against which we have brought this complaint, are knowingly working on behalf of this global agenda for depopulation through the biological weapons known as SARS-Cov-2 and the m-RNA ‘vaccines’. We submit therefore that the members of the UK government and world leaders against which we have brought this complaint have both knowledge and intent with respect to these alleged crimes.

89 The Court shall have jurisdiction in respect of war crimes in particular when committed as part of a plan or policy or as part of a large-scale commission of such crimes.

90 Pursuant to the Rome Statute Article 8 *'war crimes'* means:

(a) Grave breaches of the Geneva Conventions of August 12, 1949, namely, any of the following acts against persons or property protected under the provisions of the relevant Geneva Convention:

(i) Wilful killing:

91 - We have provided statistical data of the death rate of the 'vaccines' killing a relatively large proportion of recipients, with numbers increasing as a result of more 'vaccinations' being administered, it is a logical conclusion that the continuing use of these 'vaccines' constitutes a wilful killing. Even if the victims are predominantly elderly, we also have a relatively high proportion of deaths and harm for younger and healthier people.

92 - We have provided evidence that the use of 5 times the recommended amount of Midazolam for patients in care homes amounts to wilful killing

93 - Graphene hydroxide in the vaccines

(ii) Torture

94 - The Cov-SARS-2 Virus is a man-made "gain of function virus". It was created as a "biological experiment" at the Wuhan Institute of Virology during a period of at least 10-15 years, according to massive documentation enclosed hereby. The Virus was released, either by an accident or deliberately.

95 - The development of such a biological weapon is a crime on its own merit.

96 - The use of the masks by a mandate also constitutes a biological experiment. Which has caused massive harms as documented in the Danish Mask study (Appendix 40)

97 - The use of the test-pins and the use of cancer rated chemicals in the noses of millions of humans are also clearly a biological experiment or warfare.

98 - The so-called vaccines are only approved for emergency use only, and the massive use of these gene therapy drugs constitute the largest biological experiment in human history and causing an irreversible change to the DNA, through the Vaccination.

99 - Such an experiment on our DNA is the worst crime ever committed against the human race, totally without informed consent.

(iii) Wilfully causing great suffering, or serious injury to body or health:

100 - The forced use of face masks has caused great harm, both physically and mentally.

101 - The closing down of doctor's offices has clearly caused serious injury to body and health with a number of serious illnesses going undiagnosed and/or untreated for months due to closures

102 - The vaccines are proven to kill and cause major damage to health, based on the short-term effects only.

103 - The psychological warfare, and economic warfare by the lock downs, combined with the medical and biological warfare causes immense injury to the health.

104 - The denial of use of effective medicine (HCQ, Ivermectin), against Cov-Sars2 is a cause of serious injury to body or health and the cause of many preventable deaths in the UK

105 - Suppression of alternative treatments

106 - Use of ventilators with such low success rate

107 - Midazolam used to euthanise elderly in care homes

(iv) Extensive destruction and appropriation of property, not justified by military necessity and carried out unlawfully and want only:

108 **-** The extensive economical destruction of business activity, as well as private wealth and personal and business income due to UK lockdowns has led to a massive appropriation of

private property by the banks, from people, who are not able to achieve a normal income due to all the effects of the lockdowns

109 - A massive transfer of property from the middle class to the ultrarich Globalists will be the consequence of these policies worldwide. This can be interpreted as the biggest land and power grab in modern history.

(v) Intentionally directing attacks against the civilian population as such or against individual civilians not taking direct part in hostilities:

110 - The people of the United Kingdom (and the entire human race) are currently under attack by way of these draconian measures and biological warfare, which is an integrated part of a psychological and economic warfare.

(**iv) Intentionally launching an attack in the knowledge that such attack will cause incidental loss of life or injury to civilians or damage to civilian objects or widespread, long-term and severe damage to the natural environment which would be clearly excessive in relation to the concrete and direct overall military advantage anticipated:**

111 - The creation of the Cov-SARS-2 virus was the pre-condition for launching this attack.

112 - There is a timeline going back to the 1990s and the first SARS1 virus, as to the MERS Virus. And to both US Military biological research (DARPA), linked to French, British, Australian and to a large extent the Chinese efforts done during more than 15 years.

113 - There is a clear link to the so-called Globalist Elite, the Club of Rome, the WEF (Davos Group), Globalist politicians, the biggest Capitalists on earth, and their plan of Agenda 2030 (UN), WHO, and "the Great Reset".

114 - These people have clearly spoken of a need for a great global depopulation, and Bill Gates among others, have stated that the Vaccinations is one way to do it.

115 - Gain of Function manipulation of the Virus has given the virus properties that makes it able to spread 10-20 times compared to the SARS 1 and MERS and all other Corona viruses. The scientists behind this gain of function research have created a dangerous synthetic Virus, as

documented enclosed. With a dangerous “Hiv GP120” component to make it dormant, like HIV. (Appendix 49)

116 - The project seems to be a Global conspiracy to radically change both the demographical as well as the political landscape, by a transformation from a democratic system into a totalitarian world, to be ruled by a centralised unelected elite.

117 - The massive destruction of life, the effects of economic warfare, connected to an alleged medical emergency, and a massive psychological warfare operation, with the initial aim of brainwashing the population into accepting mass vaccination, as the only remedy for returning to a less than normal situation, and the only available the first step.

118 - The massive economic melt-down is leading to a financial collapse of epic proportions, causing states and currencies, at least in Europe, to collapse totally.

119 - Based on the economic ruin and catastrophe, it is likely that martial law will be introduced, a result of the economic collapse and the coming social unrest. Under the Defence Act 2020 new powers were given to the police to ‘strengthen enforcement powers to reduce the spread of Corona virus, protect the NHS and save lives’

I20 - The financial crisis will most likely lead to the collapse of both banks and central banks, and loss of private property on a massive scale, to the benefit of the ultrarich elite only.

121 - New bail out rules, and delays on financial reporting, has only delayed this crash.

122 - On top of all of this, and other measures, the medium and long-term effects of both the Cov-SARS2, as well as the “Vaccines” will soon be apparent, causing massive illness and death of biblical proportions, never seen before.

ARTICLE 8 *bis*3 - Crimes of aggression

123 For the purpose of this Statute, *“crime of aggression”* means the planning, preparation, initiation or execution, by a person in a position effectively to exercise control over or to direct the political or military action of a State, of an act of aggression which, by its character, gravity and scale, constitutes a manifest violation of the Charter of the United Nations.

124 This is a global criminal conspiracy, which has been planned for several decades.

125 It is now obvious that “the plan” involves the ultrarich and leaders of most nation states, with a few exceptions. It is also clear that powerful think-tanks including WEF in Davos as well as the Club of Rome, and other NGOs like WHO and GAVI among others, are at the centre of this draconian criminal conspiracy. Under the official slogan; “BUILD BACK BETTER”, used by the President of WHO, the President of USA, as well as the President of WEF, the Prime Minister of the UK as well as countless other World leaders.

126 The goal of this activity is to create a new world order, through the UN¨s Agenda 2030, by dismantling all the Democratic Nation States, step by step, controlled by an un-elected elite and to destroy the freedoms and basic human rights of the peoples of the Earth. In addition to this, the aim is to destroy small and medium sized businesses, moving the market shares to the largest corporations, owned by the Global Elite. The fulfilment of this goal will most likely lead to full enslavement of mankind.

127 This is being done by means of the threat from both a dangerous biological weapon, the virus, the vaccines, the testing test pins, the mask mandates and all other measures. All of which constitute not only a breach of National laws, but also a fundamental breach of the Charter of the United Nations and the Treaty of Rome and our Fundamental Human rights.

128 **It is of the utmost urgency that ICC take immediate action, taking all of this into account, to stop the rollout of covid vaccinations, introduction of unlawful vaccination passports and all other types of illegal warfare mentioned herein currently being waged against the people of the United Kingdom by way of a court injunction.**

D. REQUEST FOR THE OPENING OF AN ENQUIRY

129 **Jurisdiction**

Alleged crimes within the jurisdiction of the court

On the basis of the information available, there is a reasonable basis to believe that violations of the Nuremberg Code, genocide, crimes against humanity, and war crimes have been committed.

Place and date of alleged commission of the crimes:

Territory:

130 - The above crimes are alleged to have been committed in the territory of the United Kingdom (and the world)

131 - Since the United Kingdom is a State Party, the Court may exercise jurisdiction over all alleged crimes committed on United Kingdom Territory since October 4, 2000, irrespective of the nationality of the accused.

132 - In particular, article 12(2)(a) provides that the Court may exercise its jurisdiction over crimes referred to in article 5 if the "State on the territory of which the conduct in question occurred" is a Party to the Statute. Thus, since the alleged crimes identified in this Request have been committed on the territory of a State Party to the Rome Statute, the Court has territorial jurisdiction over these alleged crimes, regardless of whether the alleged suspects are nationals of a State Party *(D. Akande, 'The Jurisdiction of the International Criminal Court over Nationals of Non-Parties: Legal Basis and Limits', Jrnl Int'l Crim Justice 1 (2003), pp. 618-650; G. Danilenko, 'ICC Statute and Third States', in A. Cassese, P. Gaeta & J. Jones eds., The Rome Statute Of The International Criminal Court: A Commentary, (2002), pp. 1871-1897).*

133 - A suspect is not required to be physically present in the territory of a State Party when a crime is committed for the Court to be able to exercise jurisdiction over his or her conduct, as long as the crime imputed to the suspect occurred within the confines of such territory *(Prosecutor v. Saif Al-Islam Gaddafi and Abdullah Al-Senussi, Appeals Chamber, "Judgment on the appeal of Libya against the decision of Pre-Trial Chamber I of 31 May 2013 entitled 'Decision on the admissibility of the case against Saif Al- Islam Gaddafi'", ICC-01/11-01/11-547-Red, 21 May 2014, para. 62)*

134 **Date**

- The crimes allegedly committed on the territory of the United Kingdom between …….. and …… fall within the Court's jurisdiction ratione temporis

135 **<u>Admissibility</u>**

Complementarity

a. Legal references

Article 17(1)(a) and (b) establishes a twofold test for complementarity:

136 (i) whether, at the time of the proceedings in respect of an admissibility challenge, there is an on-going investigation or prosecution of the same case at the national level (first limb); and, if this is answered in the affirmative,

137 (ii) whether the State is unwilling or unable genuinely to carry out such investigations or prosecutions (second limb) *(Prosecutor v. Germain Katanga and Mathieu Ngudjolo Chui, Appeals Chamber, "Judgment on the Appeal of Mr. Germain Katanga against the Oral Decision of Trial Chamber II of 12 June 2009 on the Admissibility of the Case", ICC-01/04-01/07-1497, 25 September 2009 ("Katanga Admissibility Appeals Judgment"), paras. 1 and 75-79).*

138 Inaction by a State under the first limb renders a case admissible before the Court, subject to an assessment of gravity under article 17(1)(d) (*Katanga Admissibility Appeals Judgment, para. 78).* The Prosecution conducts its determination(s) on complementarity in relation to the potential cases that are likely to be the focus of an investigation by the Prosecution.

139 The admissibility provisions of the Statute are founded on the complementary relationship between the ICC and "national criminal jurisdictions". As such, in principle, it is only national criminal investigations and/or prosecutions of a State that can trigger the application of article 17(1)(a)-(c).

140 **Gravity**

The gravity assessment has been conducted against the backdrop of the potential cases that are likely to arise from an investigation into the Situation *(Kenya Article 15 Decision, paras. 50, 58, and 188; Co te d'Ivoire Article 15 Decision, para. 202).*

141 A gravity assessment involves a generic examination of whether the persons or groups of persons relevant to the assessment capture those who may bear the greatest responsibility for the alleged crimes committed. The assessment must also be done from both a quantitative and a qualitative viewpoint, and factors such as nature, scale and manner of commission of the alleged crimes, as well as their impact on victims, are all indicators of the gravity of a given case ***(Kenya Article 15 Decision, paras. 60-62; Co te d'Ivoire Article 15 Decision, paras 203-205; Georgia Article 15 Decision, para. 51).***

142 Accordingly, the Prosecution's submissions on gravity relate to an assessment of gravity of the entire situation rather than the gravity one or more potential cases.

143 Based on the information available, the potential case concerning alleged crimes committed by members of the United Kingdom Government and world leaders mentioned herein are of sufficient gravity to justify further action by the Court.

144 The alleged crimes have been committed on a large scale, with reports that murder has been practised institutionally

145 **Interests of Justice**

The seriousness and extent of the crimes committed in the United Kingdom, highlighted by the scope of people that these crimes affect, that these crimes continue to be committed, the wide range of perpetrators, the recurring patterns of criminality and the limited prospects for accountability at the national level, all weigh heavily in favour of an investigation.

146 Victims of alleged crimes within the context of the situation have manifested their interest in seeing justice done. We have sought to ascertain the interests of victims, through direct consultations with victims' organisations in the United Kingdom as well as through examination of communications and publicly available information.

147 In light of the gravity if the acts committed, and the absence of relevant national proceedings against those who appear to be most responsible for the most serious crimes within the situation, the potential case that would arise from an investigation of the situation would be admissible. Taking into account the gravity of the crimes and the interests of the victims,

there are no substantial reasons to believe that an investigation would not serve the interests of justice.

148 Experience shows that impunity is a factor that aggravates the commission of crimes

149 The decision to seize the Pre-Trial Chamber for the initiation of the investigation would be hailed by the peoples of the United Kingdom and the world.

150 This decision would have a particularly useful role as it would be a response to crimes currently being committed. It would inevitably bring about a change in practices, at least in the extent to mandated vaccinations and vaccine passports and this decision would save lives limiting the number of new wounded by these m-RNA treatments.

151 The request for investigation meets the criteria of the Statute, and will constitute progress in the fight against impunity and ultimately secure the survival of the human race as we know it.

152 And Justice will be done

153 **WE WANT TO REPEAT: It is of the utmost urgency that ICC take immediate action, taking all of this into account, to stop the rollout of covid vaccinations, introduction of unlawful vaccination passports and all other types of illegal warfare mentioned herein currently being waged against the people of the United Kingdom by way of an IMMEDIATE court injunction.**

APPENDICIES

1 https://www.heartmindhealing.org/wp-content/uploads/2021/07/Dr-Michael-Yeadon-Warning.pdf

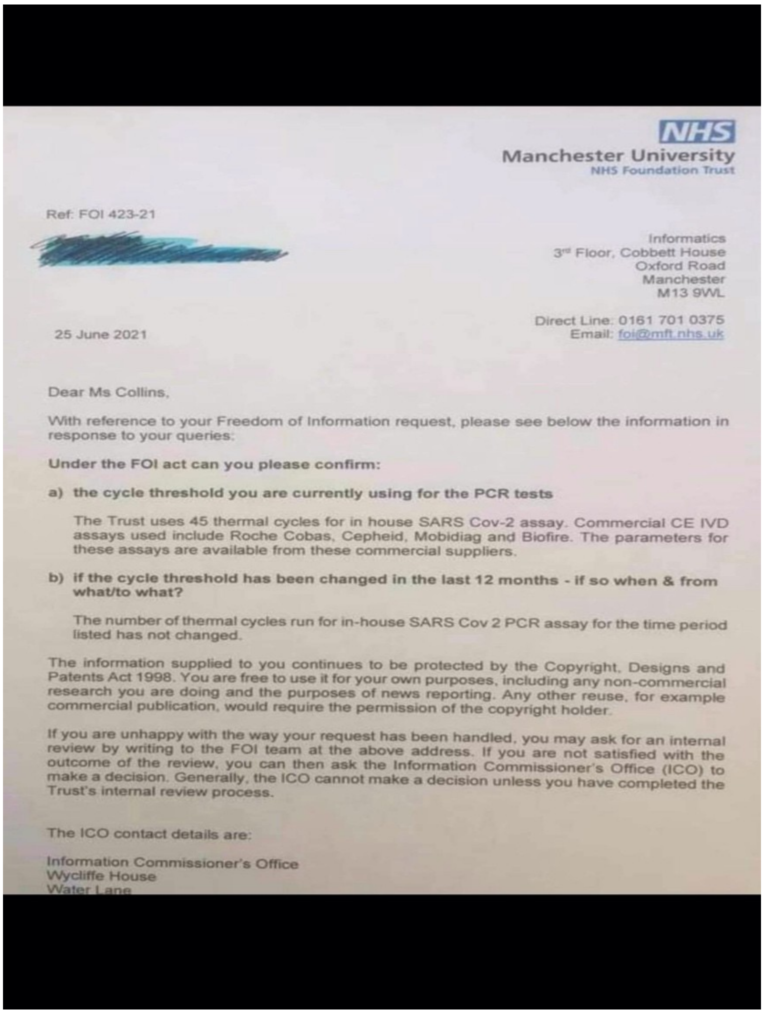
2 https://www.bmj.com/content/370/bmj.m3374

2a

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/926410/Understanding_Cycle_Threshold__Ct__in_SARS-CoV-2_RT-PCR_.pdf

3 https://www.gov.je/government/freedomofinformation/pages/foi.aspx?ReportID=4517

3a



NHS
Manchester University
NHS Foundation Trust

Ref: FOI 423-21

[redacted]

Informatics
3rd Floor, Cobbett House
Oxford Road
Manchester
M13 9WL

Direct Line: 0161 701 0375
Email: foi@mft.nhs.uk

25 June 2021

Dear Ms Collins,

With reference to your Freedom of Information request, please see below the information in response to your queries:

Under the FOI act can you please confirm:

a) the cycle threshold you are currently using for the PCR tests

The Trust uses 45 thermal cycles for in house SARS Cov-2 assay. Commercial CE IVD assays used include Roche Cobas, Cepheid, Mobidiag and Biofire. The parameters for these assays are available from these commercial suppliers.

b) if the cycle threshold has been changed in the last 12 months - if so when & from what/to what?

The number of thermal cycles run for in-house SARS Cov 2 PCR assay for the time period listed has not changed.

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If you are unhappy with the way your request has been handled, you may ask for an internal review by writing to the FOI team at the above address. If you are not satisfied with the outcome of the review, you can then ask the Information Commissioner's Office (ICO) to make a decision. Generally, the ICO cannot make a decision unless you have completed the Trust's internal review process.

The ICO contact details are:

Information Commissioner's Office
Wycliffe House
Water Lane

3b

[redacted]

Liverpool University Hospitals
NHS Foundation Trust

Telephone: 0151 529 6923
Email: FOIRequests@liverpoolft.nhs.uk

09 July 2021
Our Ref: DS/JM/FOI 7594

Dear Applicant,

Freedom of Information Act 2000 – Request for Information Reference: FOI 7594

Further to your request for information received on 10th June 2021; please find the Trust's response below.

I would like to know the number of cycles you have been using on the PCR (Polymerase Chain Reaction) test as standard and if that number has ever been changed at anytime for whatever reason.
40 cycles for TaqPath, 45 cycles for Viasure. The Trust has not changed cycles at any time

I would also like to know how many children under the age of 16 have been logged as a death from SARSCoV2 without any underlying health issues.
Section 1 of the Freedom of Information Act 2000 (FOIA) – establish if information is held
In accordance with Section 1 of the FOIA, we can confirm that the Trust does not hold the information you have requested.
Please be advised that Liverpool University Hospitals NHS Foundation Trust is an adult acute hospital and is not commissioned to provide paediatric services.

Section 16 of the FOIA – duty to provide advice and assistance
In accordance with Section 16, the Trust has a duty to provide advice and assistance. May we advise contacting Alder Hey Children's NHS Foundation Trust who provide these services for our area, their Freedom of Information team can be contacted via:

info.gov@alderhey.nhs.uk

And can you tell me if you have any records of SARCoV2 going through Koch's Postulates.
The Trust can confirm that the Laboratory Service has not isolated or purified any such material

If you have any queries about this response or wish to discuss your request further please contact the Freedom of Information Team.

[redacted]

3c

Isle of Man Government
Reiltys Ellan Vannin

Department of Health and Social Care

Rheynn Slaynt as Kiarail y Theay

Interim Chief Executive: Kathryn Magson
Freedom of Information Team
Crookall House
Demesne Road
Douglas
Isle of Man
IM1 3QA

Tel: (01624) 642621
Email: dhsc@foi.gov.im
Website: www.gov.im/dhsc

Mr Steven Gardner
[redacted]

Our ref: 1646813

18th February 2021

Dear Mr Gardner

We write further to your request which was received on the 26th January 2021 and states:

Question 1:
Has Covid 19/21 been isolated?

Question 2:
Has covid 19/21 been purified?

Question 3:
Has there been a risk assessment on masks?

Question 4:
Have all places of business who have mandatory masks done a risk assessment or should they do a risk assessment, in regards to masks? For their employees and customers.

Question 5:
Is the sequence in the PCR test SarsCov2?

Question 6:
What amplifications has the PCR test been run at?

Question 7:
Can you provide the season flu death numbers for 2019 & 2020?

Clarification sought:
Regarding questions 1 & 2 when you say 'Has Covid 19/21 been isolated' do you mean has SARS-CoV-2 been isolated? If you don't please can you clarify what you are referring to?

Clarification received:
Yes, SarsCov2 has it been isolated and purified.

Our response:

Clarification sought:
Regarding questions 1 & 2 when you say 'Has Covid 19/21 been isolated' do you mean has SARS-CoV-2 been isolated? If you don't please can you clarify what you are referring to?

Clarification received:
Has the SarsCov2 been isolated and purified. To be proven scientifically and proven the virus causes disease.

Question 1:
Has Covid 19/21 been isolated?
Regarding SARS-CoV-2 the virus is not isolated.

Question 2:
Has covid 19/21 been purified?
Regarding SARS-CoV-2 it is not purified.

Question 3:
Has there been a risk assessment on masks?
The Department has and does risk assessments on masks.

Question 4:
Have all places of business who have mandatory masks done a risk assessment or should they do a risk assessment, in regards to masks? For their employees and customers.
While our aim is to provide information whenever possible, in this instance the Department of Health and Social Care ("the Department") is unable to provide the information that you have requested. This is in line with Section 11(3)a of the Act, as a practical refusal reason applies; namely we do not hold or cannot, after taking reasonable steps to do so, find the information that you have requested.

Places of business are responsible for undertaking their own risk assessments and setting their own policies for wearing masks.

To provide further advice and assistance guidance on face coverings, including 'face coverings at work' is available within the public domain at:
https://covid19.gov.im/general-information/guidance-on-face-coverings/

Question 5:
Is the sequence in the PCR test SarsCov2?
Yes, the sequence in the PCR test is SARsCov2

Question 6:
What amplifications has the PCR test been run at?
The amplification is 45 cycles.

4 https://zenodo.org/record/4028830#.YaSgdS2cbUr

5 https://twitter.com/GOPoversight/status/1450934193177903105

6 https://theintercept.com/2021/09/06/new-details-emerge-about-coronavirus-research-at-chinese-lab/

7 https://www.cambridge.org/core/services/aop-cambridge-core/content/view/DBBC0FA6E3763B0067CAAD8F3363E527/S2633289220000083a.pdf/biovacc19_a_candidate_vaccine_for_covid19_sarscov2_developed_from_analysis_of_its_general_method_of_action_for_infectivity.pdf

8 https://pubmed.ncbi.nlm.nih.gov/33772572/

9 https://apps.who.int/iris/bitstream/handle/10665/330987/WHO-nCov-IPC_Masks-2020.1-eng.pdf?sequence=1&isAllowed=y

10 https://www.sciencedirect.com/science/article/pii/S0306987720333028

11 https://www.weforum.org/agenda/2020/06/now-is-the-time-for-a-great-reset/

12 https://www.centerforhealthsecurity.org/our-work/events/2018_clade_x_exercise/index.html

13 https://www.centerforhealthsecurity.org/event201/

14 https://www.centerforhealthsecurity.org/event201/recommendations.html

15 https://pubmed.ncbi.nlm.nih.gov/33734044/

16 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8248252/

17 https://www.nejm.org/doi/full/10.1056/nejmoa2023184

18 https://pubmed.ncbi.nlm.nih.gov/33249945/

19 https://pubmed.ncbi.nlm.nih.gov/33845715/

20 https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting

21 https://www.gov.uk/government/publications/investigation-of-novel-SARS-cov-2-variant-variant-of-concern-20201201

22 https://www.bbc.co.uk/newsround/53355529

23 https://www.simplybusiness.co.uk/downloads/simply-business-report-covid-19-impact-on-small-business.pdf

24 https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciab465/6279075

25 https://www.nejm.org/doi/full/10.1056/NEJMoa2104983

26 https://www.pnas.org/content/118/21/e2105968118

27 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/deathsinvolvingcovid19byvaccinationstatusengland/deathsoccurringbetween2januaryand2july2021

28 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/monthlyfiguresondeathsregisteredbyareaofusualresidence

29 https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0242651

30 https://committees.parliament.uk/oralevidence/288/default/

31 https://pharmaceutical-journal.com/article/news/supplies-of-sedative-used-for-covid-19-patients-diverted-from-france-to-avoid-potential-shortages

32 https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=d71724e5-0613-4e01-a589-433eb29a9bbb&audience=professional

33 https://www.uhb.nhs.uk/coronavirus-staff/clinical-info-pathways/clinical-info-pathways-downloads/End%20of%20Life%20Care%20for%20Patients%20with%20COVID-19.pdf

34 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7943455/

35 https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0035421

36 https://pubmed.ncbi.nlm.nih.gov/22536382/

37 https://pubmed.ncbi.nlm.nih.gov/33330870/

38 https://www.mdpi.com/2076-2607/9/6/1318

39 https://www.nejm.org/doi/full/10.1056/NEJMoa2104983

40 http://www.acpjournals.org/doi/10.7326/m20-681741

41 https://fort-russ.com/2020/11/watch-dr-andreas-noack-arrested-in-brutal-display-of-german-lockdown-police-state/

42 https://www.bitchute.com/video/X9oMvf6dbhCi/

43 https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/deathsfromcovid19ofpeoplewithnounderlyinghealthconditionsbyage

44 https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid192020incharts/2020-12-18

45 https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/influenzadeathsin20182019and2020

46 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsduetocoronaviruscovid19comparedwithdeathsfrominfluenzaandpneumoniaenglandandwales/deathsoccurringbetween1januaryand31august2020

47

I am a funeral director running his own funeral home - for the doubters this is me, I have been in the trade 15 years.
http://MKFFS.co.uk
What I will say is last year the death rate was totally normal in fact many of my colleagues turned their fridges off before because there was no one to put in them.
We returned after Christmas, and they began v... locally on January 6th and the death rate immediately went through the roof. In fact, in fifteen years, I've never seen a death rate like it. Then as suddenly as it began it ceased.
We haven't seen a C... death for three months now. I had a government sponsored pandemic guy who used to call me every Monday he would ask me 2 questions.
How many deceased have I collected that week where they come from and how many were C. & this was in order to collect C. numbers.
I explained I had collected people from care homes who were not C... but had simply passed to old age. He then began steering me saying "but wasn't there C.. in that care home or hospital? Deliberately inflating C.. numbers despite me insisting they were not.
After some months he finally admitted to me he did not know why he was doing the job as everyone was saying the same thing – there were no C... deaths.
Some months ago I looked after a snr consultant who lost his wife. We got quite close, and he told me openly never to take a jab and he told me they are very very dangerous.
When it first appeared like everyone else I was very concerned.
One of the first deceased I had in my care when the event started was a six-year-old girl who had passed due to cancer. Naturally her family wanted to see her and this was at a time when funeral directors were taking Coffins straight to the hospital and sealing them. No washing no dressing and frankly because they could get away with it.
How could I tell this family they could not see their little girl?
So, I washed and dressed this little girl and had her embalmed and I then thought "if I can do this for them I can do this for everyone"
So that's exactly what I've done through this whole C... episode I have washed and dressed every C.. labelled deceased personally this is dozens and dozens and dozens of people and I did so without a mask because I could not get any.
I'm 53 I have high blood pressure and I am an asthmatic.
This is supposedly the worlds deadliest event - it's a miracle I'm alive eh... Face with rolling eyes
Now I will tell you as a funeral director I have seen massive effort made to deliberately inflate C... death numbers. Cancer patients and stroke victims and even one guy that was run over all ended up with C... on their death certificates - why?
I've also spoken to numerous families who were extremely angry and upset that C... was on the d certificate - they know their love ones did not have. Many of the alleged positive tests were performed on those that passed away post-mortem as well raising obvious concern for their legitimacy I even heard whispers of local health authorities being paid a premium for every death certificate with C... on it -a clear incentive to do so and there is no smoke without fire.
I can tell you with confidence being on the front line I have spoken to many doctors many nurses and even a midwife who all agree with me as well as other funeral directors that this has nothing to do with C
C... and everything to do with you taking an experimental g3ne therapy jab.

I predict that this winter the mortality rate will be primarily in recipients of this jab, it will be blamed on a newly named variant and those who refuse to have it.
Partly to apportion blame and partly to try and mop up any last people refusing - I'm telling you I feel it will happen and when the panic rises it'll fly through emergency legislation I'd wager to facilitate it.
I've already seen local health authority tenders for a huge temporary massive mortuaries up and down the country and the contracts run from this winter till 2025.
So it seems that despite these wonder drugs they still feel the need to pre-install huge mortuaries this winter and this is something I have never seen done before in 15 years as an undertaker.
I'm honestly dreading this winter. I'm telling you because if I save one life - it is worth me doing so and I'm not afraid of being honest and telling people my experiences through this.
I feel it is very sinister and aimed solely at you being a recipient.
My contact details are in this post feel free to give me a call and I'll happily have a chat with any of you about my experience.
The most chilling thing for me is the total refusal to have an open debate about the doubts of thousands of professionals and on the back of the ever increasing numbers of adverse effects and deaths shortly after a jab -and there have been many, I myself have taken care of them.
No one in authority or power seems concerned and there is actually an active effort to silence and dismiss them and shut them down - why?
I had one guy in my care who was paralysed only an hour after receiving a jab, as he was then considered "vulnerable" he was given the second d0se and died two days later.
Why is there a total refusal to talk openly about this and why is there increasing pressure, legislation, emotional blackmail and non stop policing and propaganda for us all to accept jabs that are not needed and are clearly very dangerous in some cases and are totally unlicensed.
Now there IS a v1rus, as there is every year, but you have to ask yourself why an undertaker with 15 years experience hasn't seen a single flu death this year registered as a flu death - not one - the first ever year My advice to you as a father and a very caring undertaker is don't have any of these jabs. I certainly never will.

48 https://www.gov.uk/government/publications/freedom-of-information-responses-from-the-mhra-week-commencing-26-april-2021/freedom-of-information-request-on-use-of-ethylene-oxide-to-sterilise-swabs-used-in-testing-for-covid-19

49 https://onlinelibrary.wiley.com/doi/full/10.1002/bies.202000240

50 https://www.globalresearch.ca/stop-the-covid-holocaust-open-letter/5755902

51 https://www.bitchute.com/video/KYbfbEfg2n98/

52

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/de

athsinvolvingcovid19inthecaresectorenglandandwales/deathsregisteredbetweenweekending20march2020andweekending2april2021